

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Starlight Medical, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 46-4432369

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

208 White Horse Pike - Suite 14
Barrington, NJ 08007

Number, Street, City, State & ZIP Code

Camden

County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

6650 Browning Road Merchantville, NJ 08109

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **Starlight Medical, LLC**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

61**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. **Check all that apply:**

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District _____
District _____When _____
When _____Case number _____
Case number _____

Debtor **Starlight Medical, LLC**
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship
District When Case number, if known

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- ☒ No
☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

- ☐ No

- ☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- ☒ 1-49
☐ 50-99
☐ 100-199
☐ 200-999
- ☐ 1,000-5,000
☐ 5001-10,000
☐ 10,001-25,000
- ☐ 25,001-50,000
☐ 50,001-100,000
☐ More than 100,000

15. Estimated Assets
- ☒ \$0 - \$50,000
☐ \$50,001 - \$100,000
☐ \$100,001 - \$500,000
☐ \$500,001 - \$1 million
- ☐ \$1,000,001 - \$10 million
☐ \$10,000,001 - \$50 million
☐ \$50,000,001 - \$100 million
☐ \$100,000,001 - \$500 million
- ☐ \$500,000,001 - \$1 billion
☐ \$1,000,000,001 - \$10 billion
☐ \$10,000,000,001 - \$50 billion
☐ More than \$50 billion

16. Estimated liabilities
- ☐ \$0 - \$50,000
☐ \$1,000,001 - \$10 million
☐ \$500,000,001 - \$1 billion

Debtor	Starlight Medical, LLC	Case number (if known)	
	Name		
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Starlight Medical, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 3, 2023**
MM / DD / YYYY

X /s/ Adrienne Thomas

Signature of authorized representative of debtor

Adrienne Thomas

Printed name

Title **Managing Member**

18. Signature of attorney

X /s/ Charles M. Izzo

Signature of attorney for debtor

Date **October 3, 2023**

MM / DD / YYYY

Charles M. Izzo

Printed name

Law Office of Charles M. Izzo

Firm name

116 North 2nd Street

Suite 204

Camden, NJ 08102

Number, Street, City, State & ZIP Code

Contact phone **856-757-0550**

Email address **cminj2001@yahoo.com**

4691 NJ

Bar number and State

Fill in this information to identify the case:

Debtor name Starlight Medical, LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 3, 2023

X /s/ Adrienne Thomas

Signature of individual signing on behalf of debtor

Adrienne Thomas

Printed name

Managing Member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Starlight Medical, LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address Alolergy and Applicator Depot c/o Snellings law 201 Rourte 46 Waterview Plaza Parsippany, NJ 07054 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u>3318</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00
3.2	Nonpriority creditor's name and mailing address Browning Holdings 6650 Bro0wning Road Merchantville, NJ 08109 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u>1822</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,495.52
3.3	Nonpriority creditor's name and mailing address BVW Associates 322 East 23rd Street Chester, PA 19013 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>3923</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,401.01
3.4	Nonpriority creditor's name and mailing address Cinta p.o. Box 630803 Cincinnati, OH 45263 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>9319</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>servicew</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00

Debtor Name	Case number (if known)
Starlight Medical, LLC	
3.5 Nonpriority creditor's name and mailing address Consumer Relations P.O. Box 58399 Minneapolis, MN 55458 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u>4902</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>co9llection Agency</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6 Nonpriority creditor's name and mailing address First Premier Bank 601 S. Minnesota Avenue Sioux Falls, SD 57104 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u>0428</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,207.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Crerdit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7 Nonpriority creditor's name and mailing address Franklin Mint Credit Union 3200 Chestnut Street Philadelphia, PA 19104 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>1187</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8 Nonpriority creditor's name and mailing address GE Healthcare Partners 419 South 2nd Street Philadelphia, PA 19147 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>2938</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$52,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9 Nonpriority creditor's name and mailing address Mariner Finance c/o Randolph Walzer 2042 W#est County Lline Rd - Unite 8 Jackson, NJ 08527 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>4623</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,096.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10 Nonpriority creditor's name and mailing address McKenzie Capital 3390 Mary Street Miami, FL 33133 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u>starlight</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$73,914.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>capital financing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11 Nonpriority creditor's name and mailing address PRO-qUEST 789 East Eisenhower parkway Ann Arbor, `M 48106 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$63,925.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Books</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Starlight Medical, LLC Name	Case number (if known)
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3.12	Nonpriority creditor's name and mailing address Quill.com P.O. Box 37600 Philadelphia, PA 19101 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u>4485</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIESA</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$437.82
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3.13	Nonpriority creditor's name and mailing address Richard Beniken c/ John Wilson 701 Grant Avenue - Ste A Collingswood, NJ 08107 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u>8220</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
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3.14	Nonpriority creditor's name and mailing address Sanjiya Codman 739 Mustang Canyon Street Las Vegas, NV 89113 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>7623</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,742.00
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3.15	Nonpriority creditor's name and mailing address Timer Payment P.O. Box 847237 Boston, MA 02284 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u>4905</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,536.57
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3.16	Nonpriority creditor's name and mailing address Walter Klower P.O. Box 1610 Hagerstown, MD 21741 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u>1466</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Publisher</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,642.00
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3.17	Nonpriority creditor's name and mailing address WB Mason 116 North 2nd Street Camden, NJ 08102 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u>1818</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,450.60
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3.18	Nonpriority creditor's name and mailing address Zen Payroll, Inc. a.k.a. Gusto 500 3rd Street - Ste 405 San Francisco, CA 94107 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u>starlight</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,147.84
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **Starlight Medical, LLC** Case number (if known) _____
Name

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Cohen Marraccini 660 2nd Street Pike Southampton, PA 18966	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____	<u>1822</u>
4.2	Eric Garrabrant, Attorney 100 West 1st Street Wildwood, NJ 08260	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	R.J.S. Properties 3901B Main Street- Ste 302 Philadelphia, PA 19127	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b. +	\$ <u>450,196.46</u>
5c.	\$ <u>450,196.46</u>

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
District of New Jersey**

In re **Starlight Medical, LLC**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	1,200.00
Prior to the filing of this statement I have received	\$	1,200.00
Balance Due	\$	0.00

2. \$ **313.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - e. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

October 3, 2023

Date

/s/ Charles M. Izzo

Charles M. Izzo

Signature of Attorney

Law Office of Charles M. Izzo

116 North 2nd Street

Suite 204

Camden, NJ 08102

856-757-0550 Fax: 856-757-9071

cminj2001@yahoo.com

Name of law firm

Alolergy and Applicator Depot
c/o Snellings law
201 Rourte 46 Waterview Plaza
Parsippany, NJ 07054

Browning Holdings
6650 Bro0wning Road
Merchantville, NJ 08109

BVM Associates LP
322 East 23rd Street - Apt. A-1
Chester, PA 19013

BVW Associates
322 East 23rd Street
Chester, PA 19013

Cinta
p.o. Box 630803
Cincinnati, OH 45263

Cohen Marraccini
660 2nd Street Pike
Southampton, PA 18966

Consumer Relations
P.O. Box 58399
Minneapolis, MN 55458

Eric Garrabrant, Attorney
100 West 1st Street
Wildwood, NJ 08260

First Premier Bank
601 S. Minnesota Avenue
Sioux Falls, SD 57104

Franklin Mint Credit Union
3200 Chestnut Street
Philadelphia, PA 19104

GE Healthcare Partners
419 South 2nd Street
Philadelphia, PA 19147

Mariner Finance
c/o Randolph Walzer
2042 West County Line Rd - Unite 8
Jackson, NJ 08527

McKenzie Capital
3390 Mary Street
Miami, FL 33133

PRO-qUEST
789 East Eisenhower parkway
Ann Arbor, `M 48106

Quill.com
P.O. Box 37600
Philadelphia, PA 19101

R.J.S. Properties
3901B Main Street- Ste 302
Philadelphia, PA 19127

Richard Beniken
c/ John Wilson
701 Grant Avenue - Ste A
`Collingswood, NJ 08107

Sanjiya Codman
739 Mustang Canyon Street
Las Vegas, NV 89113

Timer Payment
P.O. Box 847237
Boston, MA 02284

Walter Klower
P.O. Box 1610
Hagerstown, MD 21741

WB Mason
116 North 2nd Street
Camden, NJ 08102

Zen Payrool, Inc. a.k.a. Gusto
500 3rd Street - Ste 405
San Francisco, CA 94107

**United States Bankruptcy Court
District of New Jersey**

In re **Starlight Medical, LLC**

Debtor(s)

Case No.
Chapter

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CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Starlight Medical, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

October 3, 2023

Date

/s/ Charles M. Izzo

Charles M. Izzo

Signature of Attorney or Litigant
Counsel for **Starlight Medical, LLC**
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